

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

1600 Ninth Street, Room 420 Sacramento, California 95814  
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### Application for Inspector of Record

<b>A</b>	Name of Facility		<b>OFFICE USE ONLY</b>	
	Address - Street			
	City	County		Zip
	Administrator:			Phone:
	Title of Project (45 Characters max.)			Applicant Job #
<b>B</b>	Name (Applicant for Inspector of Record)			
	Address		<input type="checkbox"/> Check here if this is a new address	
	City	State	Zip	Phone:
	Indicate type and certificate # of OSHDP certification, or attach resume:		Type A # _____ Type B # _____	
	Are you in the employ of the contractor for the above building?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C</b>	Are you engaged in a business or other employment which requires a portion of your time?			
	If yes, describe below:			
<b>D</b>	<b>CERTIFICATION OF APPLICANT. READ CAREFULLY !</b> I hereby certify that all answers to the questions on this form are true, and I agree and understand that any misstatement of material fact contained in this application will be sufficient cause for my dismissal. If I undertake additional work other than stated herein, I will notify the owner, the Architect, and /or Engineer and the Office of Statewide Health Planning and Development without delay. If appointed I will accept the responsibilities of Inspector on the above mentioned project and will discharge the duties imposed upon me by all applicable sections of the Health and Safety Code.			
	Signature _____ Date _____			
<b>E</b>	This person is being employed by the hospital subject to the approval of the architect, structural engineer, or other applicable professional engineer and OSHDP, and is qualified and able to provide competent, adequate and continuous inspection during construction of this project.	This person known to me, is qualified, and is satisfactory to me as an inspector on this project.		
	Signature _____ Date _____ (Legal Signator for Facility)	Signature _____ Date _____ Architect or Engineer in charge		
	Name (printed) _____  Title _____	Signature _____ Date _____ Structural Engineer (Required on "H" Projects)		
<b>F</b>	<b>OSHDP APPROVAL:</b>			
	Signature _____ Date _____ Regional Construction Supervisor, Office of Statewide Health Planning and Development			

INSTRUCTIONS FOR  
INSPECTOR OF RECORD (OSH-FD-124)

Do not write in the shaded areas on this application, these are for Office Use Only.

- A      Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit zip code as applicable).

Title of project - enter a brief (45 keystrokes or less) description statement of the work to be performed. Applicant job number - if the facility or architect has a numbering system for projects, enter that project number.

- B      Enter full name of applicant for Inspector of Record. Enter street address, city, county, state and zip code. Put a check mark in the box if this is a new address since the last formal contact with OSHPD. Enter certificate number as appropriate. If no certification with OSHPD, please attach a resume.

- C      If yes, list employers, projects and hours per month required.

- D      Sign and date certification.

- E      The left block is to be signed by the legal applicant or his/her agent. The right block is to be signed by the Architect or Engineer in charge.

Note: The structural engineer must also sign the right side for all designated "H" projects.